ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 115

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila

Township

City Miami No. 57 Hill St. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sylvia Caplett

If child is not yet named, make supplemental report, as directed

3. Sex Female

4. If plural birth: 5. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth July 26 1933 (Month, day, year)

FATHER	MOTHER
9. Full name: Israel Caplett	15. Full maiden name: Carmen Corral
10. Residence (usual place of abode) (If non-resident, give place and State): Miami	19. Residence (usual place of abode) (If non-resident, give place and State): Miami
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 24 (Years)	21. Age at last birthday: 19 (Years)
13. Birthplace (city or place) (State or country): Ray Ariz	22. Birthplace (city or place) (State or country): Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberjack	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Co	24. Industry or business in which work was done, as own home, laundry, office, silk mill, etc.: Private
16. Date (month and year) last engaged in this work: 1929 19	25. Date (month and year) last engaged in this work: 19
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation: months or weeks

29. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4 p m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Kenn D Graeber, M. D.

or Mildred Gr, Midwife

Given name added from a supplemental report (Date of) 2-33 - 7-26 - 33

Address

Filed July 26 1933 Nothing Registrar.